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FEC FORM 1

1. NAME OF

COMMITTEE (in full)

STATEMENT OF ORGANIZATION

(Check if name is changed)

RECEIVED

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COMMITTIES TO ETIECT RANDAL MALLACE			
ADDRESS (number and street)	6,506-1C WILDIU	00D TRAIL	
(Check if address is changed)	MYRITILIG BRAC	<u># </u>	29572-
	CITY	STATE	ZIP CODE
COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address)			
(Check if address is changed)	RANDAL RGW120	AOLICOM	
COMMITTEE'S WEB PAGE ADDRESS (URL)			
(Check if address is changed)	VOTERAPDAL	A44ACIE, Con	
2. DATE 0.4 0.5	7 2012		
3. FEC IDENTIFICATION NUMBER CO. 5 0 8 9 11			
4. IS THIS STATEMENT	NEW (N) OR	AMENDED (A)	
I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.			
Type or Print Name of Treasurer Deanna CochRAN			
Signature of Treasurer Cochran Date 04 19 20 12			
NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.			
Office Use Only		For further information contact: Federal Election Commission Toll Free 800-424-9530 Local 202-694-1100	FEC FORM 1 (Revised 02/2009)

Example:If typing, type over the lines.